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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Elieblive October 1, 2000								0 17 10.0					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER SMALL			
TOTAL CLAIMS			23					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=	/ 1	OR	X\$18=	Sif	
INDEPENDENT CLAIMS			4 minus 3 =			P		X40=	77	OR	X80=	180	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=	OR	+270=	-0.0		
* If the difference in column 1 is less than zero, enter "0" in					r "O" in c	column 2		TOTAL	 	OR	TOTAL	844.5	
۱ L	-1-eH CI	LAIMS AS A	MENDED - PART II (Column 2) (Column 3)					SMALL ENTITY			OTHER THAN SMALL ENTITY		
<u> </u>		CLAIMS			HEST	(COIDINI O)	1		ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
MON	Total	·.23	Minus	: 8	23	= /		X\$ 9=		OR	X\$18=		
AMEI	Independent	• </td <td>Minus</td> <td>***</td> <td><u> </u></td> <td>=(</td> <td></td> <td>X40=</td> <td></td> <td>OR</td> <td>X80=</td> <td></td>	Minus	***	<u> </u>	=(X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM			+135=		OR	+270=		
								TOTAL		OR	TOTAL ADDIT, FEE		
		(0-1: 4)		(Cal.)	O\	(Caliman a)		ADDIT. FEE	L	,	AUDII. FEE		
_	13 15 15 5 15 15	(Column 1) CLAIMS			imn 2) HEST	(Column 3)				h :			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	4+		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		-		X40=		OR	X80=		
	, FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=		
							١	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
POP	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
MEI	Independent	•	Minus	***		=		X40=			X80=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,40-		OR		ļ	
+135= OR +270=													
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													